City

State or Country

Zip Code `

City

State or Country

Zip Code

## COUNTRACTOR OF BEG COUNTRACTOR

## DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original and first inventor (if plural inventors are named below) of the subject matter of this application which is entitled: APPARATUS FOR PRODUCING A YARN

X was filed 14 N and was amend	f which [check one(s) applicable] November 2003 as PCT Internated by Amendment filed his Declaration, Power of Attorne	<del></del>	PCT/NZ2003 (if applicable);	3/000253 [or];		
that I hav amendment referre	e reviewed and understand the co d to above; and	ntents of the above-identified	d application, inc	cluding the claims,	as amended by any	
that I ack Rule 56(a) [37CFR	nowledge my duty to disclose info \$§1.56(a)].	ormation which is material to	the examination	of this application	in accordance with	
or inventor's certifi	35 U.S.C. §119: I hereby claim for cate listed below and have also id hat of the application of which pri	entified below any foreign a				
Prior Foreign Application(s)		Filing Date	Filing Date		Priority Claimed	
Application No. Country		<u>Day-Mo-Year</u>			Yes - No	
522596	New Zealand	14 - 11 - 2002		Yes	<u></u>	
525019	New Zealand	28 - 03 - 2003		Yes		
525308	New Zealand	14 - 04 - 2003		Yes		
accredited represer	PECT: I hereby give DANN, DO ntatives power to inspect and obta	in copies of the papers on fil			a, PA or its duly	
SEND CORRESP	ONDENCE TO: CUSTOMER	NUMBER 000110				
DIRECT INQUIR	RIES TO: Vincent T. Pace	Tel.: 215-563-4 Fax: 215-563-4				
are believed to be t made are punishab	at all statements made herein of marue; and further that these statements by fine or imprisonment, or both ay jeopardize the validity of the appropriate the appropriate the validity of the appropriate the a	ents were made with the kno h, under Section 1001 of Tit	wledge that will le 18 of the Unit	ful false statements	and the like so	
SOLE	OR FIRST JOINT INVENTO	R SECO	OND JOINT IN	VENTOR (if any)		
Full Name <u>DA</u> Fire	/. \ All	E Full Name ast	First	Middle	Last	
Signature	Oller	Signature_	•			
Date	14/7/05	Date		.*		
Residence Christchurch NEW ZEALAND VI			City		r Country	
Citizenship	NEW ZEALAND	Citizenship	)			
Post Office Addres	ss:	Post Office	Address:		1	
177 Maces Ro	oad				;	
Christchurch	NEW ZEALAND					